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Medical education as a pedagogy of resistance

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**Objectives:** To discuss the principles and practices of medical education in Latin America starting from the description of the reductionist model, and then to present guidelines for an alternative proposal for medical education in Brazil.

**Methodology:** Descriptive analytical.

**Results:** The authors describe three periods of medical training in Latin America between 1960 and 1980: 1) quantitative, 2) qualitative and 3) the period known as “the relevance”. In the quantitative period, the authors note the dominance of the traditional teaching model, which is described as predominantly biological. In the qualitative approach, the authors identify the presence of practical learning through student interaction with patients in inpatient and outpatient services. Regarding the period of relevance, the authors identify an approach which re-introduces the concept of quality to meet the needs of the population in an inter-sectoral and bio-psychosocial manner.

In support of their theory, the authors introduce two critical postulates of Foucault applied to biomedical education: a) hegemonic medical knowledge, which promotes specialized technical implementation and the construction of disciplined physician teams, and b) the hierarchical relationship, which establishes the exercise of power as a dynamic fluctuating between the active authority of the teacher and the student passivity. For the authors, this asymmetrical relationship restricts the dialogical relationship between doctor and patient.

In this sense, the authors examine the theoretical assumptions of a “pedagogy of resistance,” which is proposed as an alternative to the traditional model of education. This pedagogy is based, first, in the tenets of Paulo Freire, who rejected the asymmetric educational relations, and secondly, in the anthropological tradition that promotes cross-cultural encounters between doctor and patient through a process called "denaturalization," which means an unbiased exchange of experiences among the actors involved in health practices.

With this framework in mind, the authors describe a project of course developed by the Federal District, Brazil, which presents four guidelines for its implementation: a) the establishment of an ongoing process of inquiry, discussion and critique of students on the problems of the community, b) organization of tutorial groups to promote the transference of knowledge and students search for their own solutions, c) fostering of multi-disciplinary and multi-professional cooperation, and d) implementation of a model of health care addressed to families from their own contexts. They eventually identified two difficulties in applying these guidelines: one is the lack of critical approach of social science disciplines in this area, and the other, little direct contact with the peripheral populations.

**Conclusions:** For authors, traditional medical training follows a reductionist model. The authors conclude that the alternative pedagogy of resistance involves the production of the concept of disease and therapeutics from the very subjectivity of both the student and patient. Thus, this option should give opportunity to the holistic vision of education for working on the uniqueness of each individual in the teaching-learning process.